

St. Joseph Catholic Mission of Boling
C/O 2011 Briar Lane
Wharton, TX 77488
979-532-3593

supply fee

\$40.00 one child—50.00 family
\$45.00 non- parish member (1 child)
cash _____ check _____

**Confraternity of Christian Doctrine
Registration Form
2018-2019**

Please print:

Name of Student _____

First

Middle

Last

Date of Birth _____ place _____

Month/ Day / Year

City

State

Country

Mailing address/city/st/zip _____

Address/city/st/zip _____

Telephone _____ Parents work or Cell number _____

Please if no home phone number give place of employment, cell number or another number where a parent may be reached in case of emergency. _____

Present age of student _____ Grade level (2018-2019) _____

Father's name _____

First

Middle

Last

Religion

Mother's name _____

First

Middle

Last

Maiden

Religion

Guardian's name _____

(if other than parent) First Middle Last Religion

Registered in St. Joseph's Parish _____ yes _____ no

If no which Parish? _____

Has your child made these sacraments? Baptism _____ Communion _____ Confirmation _____

Baptism _____

Church

City, State

Month/Day/Year

First Communion _____

Church

City, State

Month/Day/Year

Confirmation _____

Church

City, State

Month/Day/Year

Names and grade of other children in CCD program this year _____

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Baptism _____
Church City, State Month/Day/Year

First Communion _____
Church City, State Month/Day/Year

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